

providers and the lay public feel a need. As awareness of this poison control function increases, these services will likely be used even more frequently. To meet this challenge, poison control centers will have to direct staff training and educational resources to assure an adequate occupational health component to their services.

#### REFERENCES

1. Blanc PD, Olson KR: Occupationally related illness reported to a regional poison control center. *Am J Public Health* 1986; 76:1303-1307
2. Litovitz TL, Schmitz BF, Matyunas N, et al: 1987 annual report of the

American Association of Poison Control Centers National Data Collection System. *Am J Emerg Med* 1988; 6:479-515

3. De Kort WL, Sangster B: Acute intoxications during work. *Vet Hum Toxicol* 1988; 30:9-11

4. Bresnitz E: Poison control center surveillance of occupational illness (Abstr). *Vet Hum Toxicol* 1988; 30:377-378

5. Division of Health Promotion and Disease Prevention, Institute of Medicine: *Role of the Primary Care Physician in Occupational and Environmental Medicine*. Washington, DC, National Academy Press, 1988

6. Blanc P, Rempel D, Maizlish N, et al: Occupational illness: Case detection by poison control surveillance. *Ann Intern Med* 1989; 111:238-244

7. Quint J, Handley M, Cummings K: *Workplace Health Hazards: Analysis of Hotline Calls Over a Six-Year Period*. Berkeley, California, Hazard Evaluation System and Information Service, California Dept of Health Services, 1988

## Book Review

*The Western Journal of Medicine does not review all books sent by publishers, although information about new books received is printed elsewhere in the journal as space permits. Prices quoted are those given by the publishers.*

### Intensive Care—Facing the Critical Choices

Thomas A. Raffin, MD, Associate Professor and Assistant Chief of Medicine and Associate Director of the intensive care units, Stanford University Medical Center; Joel N. Shurkin, science writer, Stanford University News and Publications Service; and Wharton Sinkler III, MD, anesthesiologist and Episcopalian minister. W. H. Freeman and Company, 41 Madison Ave, New York, NY 10010, 1988. 204 pages, \$14.95.

Intensive care unit experiences are often agonizing for both patients and families. The threat of serious illness may be compounded by an unfamiliar setting and by complex, challenging questions. *Intensive Care* was written to help prepare readers "for the possibility of facing critical choices in the Intensive Care Unit." The authors, a critical care physician, an anesthesiologist who is also a minister, and a Pulitzer prize-winning science writer, effectively use their diverse backgrounds to provide an informative, accessible guide to the intensive care unit.

Case reports are employed to introduce readers to the anatomy, physiology, and pathophysiology of major organ systems, including the heart, lungs, kidneys, liver, brain, and central nervous system. The authors' fundamental approach to dealing with disturbed function of these systems is "to save the salvageable by restoring health and help the dying to a peaceful and dignified death." Interesting insights into improving a patient's general health in the intensive care unit through exercise, nutrition, rest, and personal encouragement are described.

Chapters dealing with death, ethics, law, and economics are especially well-written and instructive. Fundamental ethical principles are stated. The practical and sometimes conflicting application of these principles is discussed with reference to specific questions such as initiation of basic life-support measures and withdrawal from extraordinary life support. The authors correctly emphasize that patients "have a right to govern what happens to their own bodies." Many readers will be surprised to learn that the basic cost of intensive unit care is \$2,000 to \$3,000 per day. The authors discuss these costs in terms of morbidity and mortality and candidly raise the inevitable question of rationing care. They also emphasize that additional data are necessary to "identify the level of technology and personnel that is really necessary" in intensive care units. The final chapter presents practical issues confronted by families whose loved ones are in intensive care units, such as the rights of the patient, evaluating the health care team, and communication between family members.

The weakest part of the book deals with discussions of specific organ systems. For example, the five major coronary risk factors are listed as heredity, lack of exercise, diet, smoking, and stress; most authorities would cite hypertension, hypercholesterolemia, and smoking as the major coronary risk factors. Similarly, current views about the effect of digitalis on congestive heart failure do not concur with the statement that digitalis can "dramatically invigorate" myocardial contractions. Also, it is misleading to suggest that the electrocardiogram is a useful tool for estimating the size of a myocardial infarction.

This book succeeds because it fills an unoccupied niche in the medical literature. Patients' families and health care workers who read this volume will have a much better understanding of the intensive care unit, including its strengths and limitations.

JOHN H. HOLBROOK, MD  
Professor of Internal Medicine  
University of Utah School of Medicine  
Salt Lake City